

Iowa Department of Human Services
TO THE CLERK OF THE DISTRICT COURT
IN AND FOR _____ COUNTY

From: _____

Date: _____

Iowa Department of Human Services

To:

FOSTER CARE TERMINATION
OF ASSIGNMENT

Court Order #: _____

ICAR Number: _____

Petitioner,

vs.

Respondent.

Child(ren)'s Name(s):

Pursuant to Iowa Code Section 234.39, as amended by the Acts of the 74th General Assembly, Second Session, S.F. 2316, section 304; Federal Regulation 433.146, and the Iowa Administrative Code 441--75.14(4), you are hereby notified that child support and medical support payments previously assigned to the Iowa Department of Human Services are terminated effective the _____ day of _____, _____.

You are further advised that the Iowa Department of Human Services, pursuant to the assignment previously entered, remains entitled to any delinquency which has accrued from the effective date of the assignment through the effective date of this termination and the Department specifically reserves its right to said delinquency.

Notice to the Clerk: All correspondence and support payments received by your office after the receipt of this notice are to continue to be forwarded with the above ICAR number to the following address:

Collection Services Center
P.O. Box 9125
Des Moines, IA 50306-9125